



STATE OF INDIANA DEPARTMENT OF INSURANCE Fee Statement

Year Ending: 20_____

MEWA ☐

School Pool Trust ☐

Instructions:

1. Complete the Fee Statement
2. For each MEWA or School Pool Trust submit an individual check and Fee Statement. The fee Statement and check filing must be submitted with all annual filings.
3. Fee Statement and check must be received:
 - a. Within ninety (90) days of the end of the MEWA's fiscal year
 - b. On or before March 1st for the School Pool Trust

Name of the MEWA or School Pool Trust: _____

MEWA or School Pool Trust Address: _____

Contact Person: _____

Contact Telephone: _____ Contact Email: _____

Annual Fees:

MEWA Fee

1. Filing of Annual Financial Statement (Rule 68, 760 IAC 1-68-17(3)) **\$ 50**
2. Internal Audit Fee (Rule 68, 760 IAC 1-68-17(2)) **\$100**

MEWA Total \$ _____

School Pool Trust Fees:

1. Filing of Annual Financial Statement (760 IAC 1-75-15(2)) **\$250**
2. Internal Audit Fee (760 IAC 1-75-15(3)) **\$100**

School Pool Trust Total \$ _____

Please make check payable and mail to:

**Indiana Department of Insurance
Admission Coordinator
311 W. Washington St, Ste 300
Indianapolis, IN 46204-2787**

Deposit Date: _____
Check Number(s): _____
Amount Received: _____
Deposit Number: _____

For Department Use Only

